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| <b>PATENT APPLICATION FEE DETERMINATION RECORD</b><br>Substitute for Form PTO-875   |                                  |                                    |               |                 |                | Application or Docket Number<br><u>10/619288</u> |                 |                |                                  |                                    |               |      |                |      |      |                               |                           |                    |           |               |              |  |          |                                  |                      |                                 |                    |            |   |              |  |  |                    |          |   |           |  |              |   |   |  |   |          |          |  |   |          |                 |  |  |                 |            |             |                                  |                                    |               |      |                |  |      |                |                           |          |  |   |              |  |  |              |  |                                 |           |  |   |              |  |  |              |  |   |  |  |  |   |          |  |   |          |  |  |  |  |                 |  |  |                 |  |             |                                  |                                    |               |      |                |  |      |                |                           |          |  |   |              |  |  |              |  |                                 |           |  |   |              |  |  |              |  |   |  |  |  |   |          |  |   |          |  |  |  |  |                 |  |  |                 |  |
|---|----------------------------------|------------------------------------|---------------|-----------------|----------------|--|-----------------|----------------|----------------------------------|------------------------------------|---------------|------|----------------|------|------|-------------------------------|---------------------------|--------------------|-----------|---------------|--------------|--|----------|----------------------------------|----------------------|---------------------------------|--------------------|------------|---|--------------|--|--|--------------------|----------|---|-----------|--|--------------|---|---|--|---|----------|----------|--|---|----------|-----------------|--|--|-----------------|------------|-------------|----------------------------------|------------------------------------|---------------|------|----------------|--|------|----------------|---------------------------|----------|--|---|--------------|--|--|--------------|--|---------------------------------|-----------|--|---|--------------|--|--|--------------|--|---|--|--|--|---|----------|--|---|----------|--|--|--|--|-----------------|--|--|-----------------|--|-------------|----------------------------------|------------------------------------|---------------|------|----------------|--|------|----------------|---------------------------|----------|--|---|--------------|--|--|--------------|--|---------------------------------|-----------|--|---|--------------|--|--|--------------|--|---|--|--|--|---|----------|--|---|----------|--|--|--|--|-----------------|--|--|-----------------|--|
| <div style="display: flex; justify-content: space-between;"> <div style="width: 20%;"> <u>565105</u> </div> <div style="width: 40%; text-align: center;"> <b>CLAIMS AS FILED – PART I</b><br/>           (Column 1)                      (Column 2)         </div> <div style="width: 30%; text-align: center;"> <b>SMALL ENTITY</b>                      OR                      <b>OTHER THAN SMALL ENTITY</b> </div> </div> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 20%;">FOR</th> <th style="width: 20%;">NUMBER FILED</th> <th style="width: 20%;">NUMBER EXTRA</th> <th style="width: 10%;">RATE</th> <th style="width: 10%;">FEE</th> <th style="width: 10%;"></th> <th style="width: 10%;">RATE</th> <th style="width: 10%;">FEE</th> </tr> </thead> <tbody> <tr> <td>BASIC FEE<br/>(37 CFR 1.16(a))</td> <td></td> <td></td> <td></td> <td>\$ <u>575</u></td> <td></td> <td></td> <td>\$ _____</td> </tr> <tr> <td>TOTAL CLAIMS<br/>(37 CFR 1.16(c))</td> <td><u>42</u> minus 20 =</td> <td><u>22</u></td> <td>X \$ _____ =</td> <td><u>198</u></td> <td></td> <td>X \$ _____ =</td> <td></td> </tr> <tr> <td>INDEPENDENT CLAIMS<br/>(37 CFR 1.16(b))</td> <td><u>4</u> minus 3 =</td> <td><u>1</u></td> <td>X \$ _____ =</td> <td><u>42</u></td> <td></td> <td>X \$ _____ =</td> <td></td> </tr> <tr> <td colspan="3">MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))</td> <td>+</td> <td>\$ _____</td> <td></td> <td>+</td> <td>\$ _____</td> </tr> <tr> <td colspan="3"></td> <td>TOTAL</td> <td><u>614</u></td> <td></td> <td>TOTAL</td> <td></td> </tr> </tbody> </table> <p style="font-size: small; margin-top: 10px;">* If the difference in column 1 is less than zero, enter "0" in column 2.</p>  |                                  |                                    |               |                 |                |  |                 | FOR            | NUMBER FILED                     | NUMBER EXTRA                       | RATE          | FEE  |                | RATE | FEE  | BASIC FEE<br>(37 CFR 1.16(a)) |                           |                    |           | \$ <u>575</u> |              |  | \$ _____ | TOTAL CLAIMS<br>(37 CFR 1.16(c)) | <u>42</u> minus 20 = | <u>22</u>                       | X \$ _____ =       | <u>198</u> |   | X \$ _____ = |  | INDEPENDENT CLAIMS<br>(37 CFR 1.16(b)) | <u>4</u> minus 3 = | <u>1</u> | X \$ _____ =  | <u>42</u> |  | X \$ _____ = |   | MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) |  |   | +        | \$ _____ |  | + | \$ _____ |                 |  |  | TOTAL           | <u>614</u> |             | TOTAL                            |                                    |               |      |                |  |      |                |                           |          |  |   |              |  |  |              |  |                                 |           |  |   |              |  |  |              |  |   |  |  |  |   |          |  |   |          |  |  |  |  |                 |  |  |                 |  |             |                                  |                                    |               |      |                |  |      |                |                           |          |  |   |              |  |  |              |  |                                 |           |  |   |              |  |  |              |  |   |  |  |  |   |          |  |   |          |  |  |  |  |                 |  |  |                 |  |
| FOR   | NUMBER FILED                     | NUMBER EXTRA                       | RATE          | FEE             |                | RATE   | FEE             |                |                                  |                                    |               |      |                |      |      |                               |                           |                    |           |               |              |  |          |                                  |                      |                                 |                    |            |   |              |  |  |                    |          |   |           |  |              |   |   |  |   |          |          |  |   |          |                 |  |  |                 |            |             |                                  |                                    |               |      |                |  |      |                |                           |          |  |   |              |  |  |              |  |                                 |           |  |   |              |  |  |              |  |   |  |  |  |   |          |  |   |          |  |  |  |  |                 |  |  |                 |  |             |                                  |                                    |               |      |                |  |      |                |                           |          |  |   |              |  |  |              |  |                                 |           |  |   |              |  |  |              |  |   |  |  |  |   |          |  |   |          |  |  |  |  |                 |  |  |                 |  |
| BASIC FEE<br>(37 CFR 1.16(a))   |                                  |                                    |               | \$ <u>575</u>   |                |  | \$ _____        |                |                                  |                                    |               |      |                |      |      |                               |                           |                    |           |               |              |  |          |                                  |                      |                                 |                    |            |   |              |  |  |                    |          |   |           |  |              |   |   |  |   |          |          |  |   |          |                 |  |  |                 |            |             |                                  |                                    |               |      |                |  |      |                |                           |          |  |   |              |  |  |              |  |                                 |           |  |   |              |  |  |              |  |   |  |  |  |   |          |  |   |          |  |  |  |  |                 |  |  |                 |  |             |                                  |                                    |               |      |                |  |      |                |                           |          |  |   |              |  |  |              |  |                                 |           |  |   |              |  |  |              |  |   |  |  |  |   |          |  |   |          |  |  |  |  |                 |  |  |                 |  |
| TOTAL CLAIMS<br>(37 CFR 1.16(c))  | <u>42</u> minus 20 =             | <u>22</u>                          | X \$ _____ =  | <u>198</u>      |                | X \$ _____ =                                     |                 |                |                                  |                                    |               |      |                |      |      |                               |                           |                    |           |               |              |  |          |                                  |                      |                                 |                    |            |   |              |  |  |                    |          |   |           |  |              |   |   |  |   |          |          |  |   |          |                 |  |  |                 |            |             |                                  |                                    |               |      |                |  |      |                |                           |          |  |   |              |  |  |              |  |                                 |           |  |   |              |  |  |              |  |   |  |  |  |   |          |  |   |          |  |  |  |  |                 |  |  |                 |  |             |                                  |                                    |               |      |                |  |      |                |                           |          |  |   |              |  |  |              |  |                                 |           |  |   |              |  |  |              |  |   |  |  |  |   |          |  |   |          |  |  |  |  |                 |  |  |                 |  |
| INDEPENDENT CLAIMS<br>(37 CFR 1.16(b))  | <u>4</u> minus 3 =               | <u>1</u>                           | X \$ _____ =  | <u>42</u>       |                | X \$ _____ =                                     |                 |                |                                  |                                    |               |      |                |      |      |                               |                           |                    |           |               |              |  |          |                                  |                      |                                 |                    |            |   |              |  |  |                    |          |   |           |  |              |   |   |  |   |          |          |  |   |          |                 |  |  |                 |            |             |                                  |                                    |               |      |                |  |      |                |                           |          |  |   |              |  |  |              |  |                                 |           |  |   |              |  |  |              |  |   |  |  |  |   |          |  |   |          |  |  |  |  |                 |  |  |                 |  |             |                                  |                                    |               |      |                |  |      |                |                           |          |  |   |              |  |  |              |  |                                 |           |  |   |              |  |  |              |  |   |  |  |  |   |          |  |   |          |  |  |  |  |                 |  |  |                 |  |
| MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))   |                                  |                                    | +             | \$ _____        |                | +  | \$ _____        |                |                                  |                                    |               |      |                |      |      |                               |                           |                    |           |               |              |  |          |                                  |                      |                                 |                    |            |   |              |  |  |                    |          |   |           |  |              |   |   |  |   |          |          |  |   |          |                 |  |  |                 |            |             |                                  |                                    |               |      |                |  |      |                |                           |          |  |   |              |  |  |              |  |                                 |           |  |   |              |  |  |              |  |   |  |  |  |   |          |  |   |          |  |  |  |  |                 |  |  |                 |  |             |                                  |                                    |               |      |                |  |      |                |                           |          |  |   |              |  |  |              |  |                                 |           |  |   |              |  |  |              |  |   |  |  |  |   |          |  |   |          |  |  |  |  |                 |  |  |                 |  |
|   |                                  |                                    | TOTAL         | <u>614</u>      |                | TOTAL  |                 |                |                                  |                                    |               |      |                |      |      |                               |                           |                    |           |               |              |  |          |                                  |                      |                                 |                    |            |   |              |  |  |                    |          |   |           |  |              |   |   |  |   |          |          |  |   |          |                 |  |  |                 |            |             |                                  |                                    |               |      |                |  |      |                |                           |          |  |   |              |  |  |              |  |                                 |           |  |   |              |  |  |              |  |   |  |  |  |   |          |  |   |          |  |  |  |  |                 |  |  |                 |  |             |                                  |                                    |               |      |                |  |      |                |                           |          |  |   |              |  |  |              |  |                                 |           |  |   |              |  |  |              |  |   |  |  |  |   |          |  |   |          |  |  |  |  |                 |  |  |                 |  |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 20%;"></div> <div style="width: 40%; text-align: center;"> <b>CLAIMS AS AMENDED – PART II</b><br/>           (Column 1)                      (Column 2)                      (Column 3)         </div> <div style="width: 30%; text-align: center;"> <b>SMALL ENTITY</b>                      OR                      <b>OTHER THAN SMALL ENTITY</b> </div> </div> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 5%;">AMENDMENT A</th> <th style="width: 15%;">CLAIMS REMAINING AFTER AMENDMENT</th> <th style="width: 10%;">HIGHEST NUMBER PREVIOUSLY PAID FOR</th> <th style="width: 10%;">PRESENT EXTRA</th> <th style="width: 10%;">RATE</th> <th style="width: 10%;">ADDITIONAL FEE</th> <th style="width: 10%;"></th> <th style="width: 10%;">RATE</th> <th style="width: 10%;">ADDITIONAL FEE</th> </tr> </thead> <tbody> <tr> <td>Total<br/>(37 CFR 1.16(c))</td> <td><u>24</u> Minus **</td> <td><u>12</u></td> <td>=</td> <td>X \$ _____ =</td> <td></td> <td></td> <td>X \$ _____ =</td> <td></td> </tr> <tr> <td>Independent<br/>(37 CFR 1.16(b))</td> <td><u>3</u> Minus ***</td> <td><u>4</u></td> <td>=</td> <td>X \$ _____ =</td> <td></td> <td></td> <td>X \$ _____ =</td> <td></td> </tr> <tr> <td colspan="4">FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))</td> <td>+</td> <td>\$ _____</td> <td></td> <td>+</td> <td>\$ _____</td> </tr> <tr> <td colspan="4"></td> <td>TOTAL ADD'L FEE</td> <td></td> <td></td> <td>TOTAL ADD'L FEE</td> <td></td> </tr> </tbody> </table><br><table border="1" style="width: 100%; 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margin-top: 10px;">       * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.<br/>       ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".<br/>       *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".<br/>       The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.     </p> |                                  |                                    |               |                 |                |  |                 | AMENDMENT A    | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | RATE | ADDITIONAL FEE |      | RATE | ADDITIONAL FEE                | Total<br>(37 CFR 1.16(c)) | <u>24</u> Minus ** | <u>12</u> | =             | X \$ _____ = |  |          | X \$ _____ =                     |                      | Independent<br>(37 CFR 1.16(b)) | <u>3</u> Minus *** | <u>4</u>   | = | X \$ _____ = |  |  | X \$ _____ =       |          | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) |           |  |              | + | \$ _____  |  | + | \$ _____ |          |  |   |          | TOTAL ADD'L FEE |  |  | TOTAL ADD'L FEE |            | AMENDMENT B | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | RATE | ADDITIONAL FEE |  | RATE | ADDITIONAL FEE | Total<br>(37 CFR 1.16(c)) | Minus ** |  | = | X \$ _____ = |  |  | X \$ _____ = |  | Independent<br>(37 CFR 1.16(b)) | Minus *** |  | = | X \$ _____ = |  |  | X \$ _____ = |  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) |  |  |  | + | \$ _____ |  | + | \$ _____ |  |  |  |  | TOTAL ADD'L FEE |  |  | TOTAL ADD'L FEE |  | AMENDMENT C | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | RATE | ADDITIONAL FEE |  | RATE | ADDITIONAL FEE | Total<br>(37 CFR 1.16(c)) | Minus ** |  | = | X \$ _____ = |  |  | X \$ _____ = |  | Independent<br>(37 CFR 1.16(b)) | Minus *** |  | = | X \$ _____ = |  |  | X \$ _____ = |  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) |  |  |  | + | \$ _____ |  | + | \$ _____ |  |  |  |  | TOTAL ADD'L FEE |  |  | TOTAL ADD'L FEE |  |
| AMENDMENT A   | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | RATE            | ADDITIONAL FEE |  | RATE            | ADDITIONAL FEE |                                  |                                    |               |      |                |      |      |                               |                           |                    |           |               |              |  |          |                                  |                      |                                 |                    |            |   |              |  |  |                    |          |   |           |  |              |   |   |  |   |          |          |  |   |          |                 |  |  |                 |            |             |                                  |                                    |               |      |                |  |      |                |                           |          |  |   |              |  |  |              |  |                                 |           |  |   |              |  |  |              |  |   |  |  |  |   |          |  |   |          |  |  |  |  |                 |  |  |                 |  |             |                                  |                                    |               |      |                |  |      |                |                           |          |  |   |              |  |  |              |  |                                 |           |  |   |              |  |  |              |  |   |  |  |  |   |          |  |   |          |  |  |  |  |                 |  |  |                 |  |
| Total<br>(37 CFR 1.16(c))   | <u>24</u> Minus **               | <u>12</u>                          | =             | X \$ _____ =    |                |  | X \$ _____ =    |                |                                  |                                    |               |      |                |      |      |                               |                           |                    |           |               |              |  |          |                                  |                      |                                 |                    |            |   |              |  |  |                    |          |   |           |  |              |   |   |  |   |          |          |  |   |          |                 |  |  |                 |            |             |                                  |                                    |               |      |                |  |      |                |                           |          |  |   |              |  |  |              |  |                                 |           |  |   |              |  |  |              |  |   |  |  |  |   |          |  |   |          |  |  |  |  |                 |  |  |                 |  |             |                                  |                                    |               |      |                |  |      |                |                           |          |  |   |              |  |  |              |  |                                 |           |  |   |              |  |  |              |  |   |  |  |  |   |          |  |   |          |  |  |  |  |                 |  |  |                 |  |
| Independent<br>(37 CFR 1.16(b))   | <u>3</u> Minus ***               | <u>4</u>                           | =             | X \$ _____ =    |                |  | X \$ _____ =    |                |                                  |                                    |               |      |                |      |      |                               |                           |                    |           |               |              |  |          |                                  |                      |                                 |                    |            |   |              |  |  |                    |          |   |           |  |              |   |   |  |   |          |          |  |   |          |                 |  |  |                 |            |             |                                  |                                    |               |      |                |  |      |                |                           |          |  |   |              |  |  |              |  |                                 |           |  |   |              |  |  |              |  |   |  |  |  |   |          |  |   |          |  |  |  |  |                 |  |  |                 |  |             |                                  |                                    |               |      |                |  |      |                |                           |          |  |   |              |  |  |              |  |                                 |           |  |   |              |  |  |              |  |   |  |  |  |   |          |  |   |          |  |  |  |  |                 |  |  |                 |  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))   |                                  |                                    |               | +               | \$ _____       |  | +               | \$ _____       |                                  |                                    |               |      |                |      |      |                               |                           |                    |           |               |              |  |          |                                  |                      |                                 |                    |            |   |              |  |  |                    |          |   |           |  |              |   |   |  |   |          |          |  |   |          |                 |  |  |                 |            |             |                                  |                                    |               |      |                |  |      |                |                           |          |  |   |              |  |  |              |  |                                 |           |  |   |              |  |  |              |  |   |  |  |  |   |          |  |   |          |  |  |  |  |                 |  |  |                 |  |             |                                  |                                    |               |      |                |  |      |                |                           |          |  |   |              |  |  |              |  |                                 |           |  |   |              |  |  |              |  |   |  |  |  |   |          |  |   |          |  |  |  |  |                 |  |  |                 |  |
|   |                                  |                                    |               | TOTAL ADD'L FEE |                |  | TOTAL ADD'L FEE |                |                                  |                                    |               |      |                |      |      |                               |                           |                    |           |               |              |  |          |                                  |                      |                                 |                    |            |   |              |  |  |                    |          |   |           |  |              |   |   |  |   |          |          |  |   |          |                 |  |  |                 |            |             |                                  |                                    |               |      |                |  |      |                |                           |          |  |   |              |  |  |              |  |                                 |           |  |   |              |  |  |              |  |   |  |  |  |   |          |  |   |          |  |  |  |  |                 |  |  |                 |  |             |                                  |                                    |               |      |                |  |      |                |                           |          |  |   |              |  |  |              |  |                                 |           |  |   |              |  |  |              |  |   |  |  |  |   |          |  |   |          |  |  |  |  |                 |  |  |                 |  |
| AMENDMENT B   | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | RATE            | ADDITIONAL FEE |  | RATE            | ADDITIONAL FEE |                                  |                                    |               |      |                |      |      |                               |                           |                    |           |               |              |  |          |                                  |                      |                                 |                    |            |   |              |  |  |                    |          |   |           |  |              |   |   |  |   |          |          |  |   |          |                 |  |  |                 |            |             |                                  |                                    |               |      |                |  |      |                |                           |          |  |   |              |  |  |              |  |                                 |           |  |   |              |  |  |              |  |   |  |  |  |   |          |  |   |          |  |  |  |  |                 |  |  |                 |  |             |                                  |                                    |               |      |                |  |      |                |                           |          |  |   |              |  |  |              |  |                                 |           |  |   |              |  |  |              |  |   |  |  |  |   |          |  |   |          |  |  |  |  |                 |  |  |                 |  |
| Total<br>(37 CFR 1.16(c))   | Minus **                         |                                    | =             | X \$ _____ =    |                |  | X \$ _____ =    |                |                                  |                                    |               |      |                |      |      |                               |                           |                    |           |               |              |  |          |                                  |                      |                                 |                    |            |   |              |  |  |                    |          |   |           |  |              |   |   |  |   |          |          |  |   |          |                 |  |  |                 |            |             |                                  |                                    |               |      |                |  |      |                |                           |          |  |   |              |  |  |              |  |                                 |           |  |   |              |  |  |              |  |   |  |  |  |   |          |  |   |          |  |  |  |  |                 |  |  |                 |  |             |                                  |                                    |               |      |                |  |      |                |                           |          |  |   |              |  |  |              |  |                                 |           |  |   |              |  |  |              |  |   |  |  |  |   |          |  |   |          |  |  |  |  |                 |  |  |                 |  |
| Independent<br>(37 CFR 1.16(b))   | Minus ***                        |                                    | =             | X \$ _____ =    |                |  | X \$ _____ =    |                |                                  |                                    |               |      |                |      |      |                               |                           |                    |           |               |              |  |          |                                  |                      |                                 |                    |            |   |              |  |  |                    |          |   |           |  |              |   |   |  |   |          |          |  |   |          |                 |  |  |                 |            |             |                                  |                                    |               |      |                |  |      |                |                           |          |  |   |              |  |  |              |  |                                 |           |  |   |              |  |  |              |  |   |  |  |  |   |          |  |   |          |  |  |  |  |                 |  |  |                 |  |             |                                  |                                    |               |      |                |  |      |                |                           |          |  |   |              |  |  |              |  |                                 |           |  |   |              |  |  |              |  |   |  |  |  |   |          |  |   |          |  |  |  |  |                 |  |  |                 |  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))   |                                  |                                    |               | +               | \$ _____       |  | +               | \$ _____       |                                  |                                    |               |      |                |      |      |                               |                           |                    |           |               |              |  |          |                                  |                      |                                 |                    |            |   |              |  |  |                    |          |   |           |  |              |   |   |  |   |          |          |  |   |          |                 |  |  |                 |            |             |                                  |                                    |               |      |                |  |      |                |                           |          |  |   |              |  |  |              |  |                                 |           |  |   |              |  |  |              |  |   |  |  |  |   |          |  |   |          |  |  |  |  |                 |  |  |                 |  |             |                                  |                                    |               |      |                |  |      |                |                           |          |  |   |              |  |  |              |  |                                 |           |  |   |              |  |  |              |  |   |  |  |  |   |          |  |   |          |  |  |  |  |                 |  |  |                 |  |
|   |                                  |                                    |               | TOTAL ADD'L FEE |                |  | TOTAL ADD'L FEE |                |                                  |                                    |               |      |                |      |      |                               |                           |                    |           |               |              |  |          |                                  |                      |                                 |                    |            |   |              |  |  |                    |          |   |           |  |              |   |   |  |   |          |          |  |   |          |                 |  |  |                 |            |             |                                  |                                    |               |      |                |  |      |                |                           |          |  |   |              |  |  |              |  |                                 |           |  |   |              |  |  |              |  |   |  |  |  |   |          |  |   |          |  |  |  |  |                 |  |  |                 |  |             |                                  |                                    |               |      |                |  |      |                |                           |          |  |   |              |  |  |              |  |                                 |           |  |   |              |  |  |              |  |   |  |  |  |   |          |  |   |          |  |  |  |  |                 |  |  |                 |  |
| AMENDMENT C   | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | RATE            | ADDITIONAL FEE |  | RATE            | ADDITIONAL FEE |                                  |                                    |               |      |                |      |      |                               |                           |                    |           |               |              |  |          |                                  |                      |                                 |                    |            |   |              |  |  |                    |          |   |           |  |              |   |   |  |   |          |          |  |   |          |                 |  |  |                 |            |             |                                  |                                    |               |      |                |  |      |                |                           |          |  |   |              |  |  |              |  |                                 |           |  |   |              |  |  |              |  |   |  |  |  |   |          |  |   |          |  |  |  |  |                 |  |  |                 |  |             |                                  |                                    |               |      |                |  |      |                |                           |          |  |   |              |  |  |              |  |                                 |           |  |   |              |  |  |              |  |   |  |  |  |   |          |  |   |          |  |  |  |  |                 |  |  |                 |  |
| Total<br>(37 CFR 1.16(c))   | Minus **                         |                                    | =             | X \$ _____ =    |                |  | X \$ _____ =    |                |                                  |                                    |               |      |                |      |      |                               |                           |                    |           |               |              |  |          |                                  |                      |                                 |                    |            |   |              |  |  |                    |          |   |           |  |              |   |   |  |   |          |          |  |   |          |                 |  |  |                 |            |             |                                  |                                    |               |      |                |  |      |                |                           |          |  |   |              |  |  |              |  |                                 |           |  |   |              |  |  |              |  |   |  |  |  |   |          |  |   |          |  |  |  |  |                 |  |  |                 |  |             |                                  |                                    |               |      |                |  |      |                |                           |          |  |   |              |  |  |              |  |                                 |           |  |   |              |  |  |              |  |   |  |  |  |   |          |  |   |          |  |  |  |  |                 |  |  |                 |  |
| Independent<br>(37 CFR 1.16(b))   | Minus ***                        |                                    | =             | X \$ _____ =    |                |  | X \$ _____ =    |                |                                  |                                    |               |      |                |      |      |                               |                           |                    |           |               |              |  |          |                                  |                      |                                 |                    |            |   |              |  |  |                    |          |   |           |  |              |   |   |  |   |          |          |  |   |          |                 |  |  |                 |            |             |                                  |                                    |               |      |                |  |      |                |                           |          |  |   |              |  |  |              |  |                                 |           |  |   |              |  |  |              |  |   |  |  |  |   |          |  |   |          |  |  |  |  |                 |  |  |                 |  |             |                                  |                                    |               |      |                |  |      |                |                           |          |  |   |              |  |  |              |  |                                 |           |  |   |              |  |  |              |  |   |  |  |  |   |          |  |   |          |  |  |  |  |                 |  |  |                 |  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))   |                                  |                                    |               | +               | \$ _____       |  | +               | \$ _____       |                                  |                                    |               |      |                |      |      |                               |                           |                    |           |               |              |  |          |                                  |                      |                                 |                    |            |   |              |  |  |                    |          |   |           |  |              |   |   |  |   |          |          |  |   |          |                 |  |  |                 |            |             |                                  |                                    |               |      |                |  |      |                |                           |          |  |   |              |  |  |              |  |                                 |           |  |   |              |  |  |              |  |   |  |  |  |   |          |  |   |          |  |  |  |  |                 |  |  |                 |  |             |                                  |                                    |               |      |                |  |      |                |                           |          |  |   |              |  |  |              |  |                                 |           |  |   |              |  |  |              |  |   |  |  |  |   |          |  |   |          |  |  |  |  |                 |  |  |                 |  |
|   |                                  |                                    |               | TOTAL ADD'L FEE |                |  | TOTAL ADD'L FEE |                |                                  |                                    |               |      |                |      |      |                               |                           |                    |           |               |              |  |          |                                  |                      |                                 |                    |            |   |              |  |  |                    |          |   |           |  |              |   |   |  |   |          |          |  |   |          |                 |  |  |                 |            |             |                                  |                                    |               |      |                |  |      |                |                           |          |  |   |              |  |  |              |  |                                 |           |  |   |              |  |  |              |  |   |  |  |  |   |          |  |   |          |  |  |  |  |                 |  |  |                 |  |             |                                  |                                    |               |      |                |  |      |                |                           |          |  |   |              |  |  |              |  |                                 |           |  |   |              |  |  |              |  |   |  |  |  |   |          |  |   |          |  |  |  |  |                 |  |  |                 |  |

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